

MBE CERTIFICATION APPLICATION

All completed applications must be returned with the appropriate requested documents listed on page 7 (Item 26.)

TYPE OR PRINT CLEARLY

Clearly 'X' the box of your choice: ☐ → ☒

1. Federal Employee Identification Number: (FEIN) -
Social Security Number: (If no FEIN) - -

2. Name of Business: _____

3. Street Address of Business: (P.O. Box alone is not acceptable) _____

_____ County (WI only): _____

City: _____ State: _____ Zip Code: _____

4. Business Telephone: _____ Fax: _____

Business Web Site: _____

Business E-mail: _____

5. Contact Person: _____ Title: _____

(Materials will be mailed in the name of the Contact Person to the Business and Address in 2 & 3 above)

Contact Telephone: _____ Fax: _____

Contact E-mail: _____

6. To qualify as a Minority Business Enterprise (MBE), the business must be at least 51% owned, controlled and actively managed by owners of one or more of the following ethnic groups: (Indicate percent of ownership)

_____ % Black

_____ % Native Hawaiian/Polynesian

_____ % Asian

_____ % Native American/Indian

_____ % Hispanic

_____ % Other

7. Legal Structure of the business: (Check one)

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ LLC

☐ Other (Describe) _____

8. Type of business: (If diversified, indicate percent of each, adding up to a total of 100%)

_____ % Agriculture, Forestry and Fishing

_____ % Wholesale Trade

_____ % Mining

_____ % Finance, Insurance and Real Estate

_____ % Construction

_____ % Services

_____ % Manufacturing

_____ % Public Administration

_____ % Transportation, Communication, Electric, Gas and Sanitary Service

9. Date business was established: Year _____ Month _____ Day _____

Date current owner(s) acquired majority ownership: Year _____ Month _____ Day _____

10. Annual size of employee workforce: (Include working owners)

11. Gross receipts for the most recent three (3) years: (Indicate 1000's of Dollars)

Total full-time workforce: _____

Year

Gross Receipts

Total part-time workforce: _____

1 Year Ago:

\$ _____

Full-time minority workforce: _____

2 Years Ago:

\$ _____

Part-time minority workforce: _____

3 Years Ago:

\$ _____

12. Products or Services: *(be brief and concise)*

13. Four digit Standard Industrial Classification (SIC) Code(s): *(Leave blank if not known)*

1. _____ 2. _____ 3. _____ 4. _____

14. List three largest or principal customers/accounts/contracts/projects:

<u>Name of Company</u>	<u>Address, City, State</u>	<u>Phone/Fax</u>
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a.	_____	
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b.	_____	
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c.	_____	
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15. Is the business certified as a Minority Business Enterprise (MBE) with any government agency or the Wisconsin Supplier Development Council?

☐ No ☐ Yes *(If yes, please identify)*

<u>Name</u>	<u>Date Certified</u>	<u>Expiration Date</u>
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a.	_____	
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b.	_____	
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c.	_____	
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16. Identify persons or firms who provide Accounting, Legal and Banking services:

Accountant: _____ Contact: _____

Address: _____ Phone: _____

Attorney: _____ Contact: _____

Address: _____ Phone: _____

Bank: _____ Contact: _____

Address: _____ Phone: _____

17. Has the business or owner applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 within the last three years?

☐ No ☐ Yes *(If yes, please provide a detailed explanation as to circumstances surrounding bankruptcy on a separate sheet)*

18. Provide the following ownership information for all owners. (If additional space is required, attach additional sheets in the same format as pages 3 & 4.)

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: (WI only) _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Sex: ☐ M ☐ F Ethnic Group: _____

Ownership is by: ☐ An Individual Person ☐ Other (Describe Other) _____

Date of Initial Ownership: _____ (YYMMDD)	Initial investment to acquire ownership interest in firm.	
% Ownership: _____ %	Type	Dollar Value
Number of Shares Owned: _____	Cash:	\$ _____
U.S. Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Real Estate:	\$ _____
Legal Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes	Equipment:	\$ _____

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: (WI only) _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Sex: ☐ M ☐ F Ethnic Group: _____

Ownership is by: ☐ An Individual Person ☐ Other (Describe Other) _____

Date of Initial Ownership: _____ (YYMMDD)	Initial investment to acquire ownership interest in firm.	
% Ownership: _____ %	Type	Dollar Value
Number of Shares Owned: _____	Cash:	\$ _____
U.S. Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Real Estate:	\$ _____
Legal Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes	Equipment:	\$ _____

18. (Continued) Provide the following ownership information for all owners. (If additional space is required, attach additional sheets in the same format as pages 3 & 4.)

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: (WI only) _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Sex: ☐ M ☐ F Ethnic Group: _____

Ownership is by: ☐ An Individual Person ☐ Other (Describe Other) _____

Date of Initial Ownership: _____ (YYMMDD)	Initial investment to acquire ownership interest in firm.	
% Ownership: _____ %	Type	Dollar Value
Number of Shares Owned: _____	Cash:	\$ _____
U.S. Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Real Estate:	\$ _____
Legal Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes	Equipment:	\$ _____

Owner's Name: _____

Street Address: _____

P.O. Box: _____ County: (WI only) _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Sex: ☐ M ☐ F Ethnic Group: _____

Ownership is by: ☐ An Individual Person ☐ Other (Describe Other) _____

Date of Initial Ownership: _____ (YYMMDD)	Initial investment to acquire ownership interest in firm.	
% Ownership: _____ %	Type	Dollar Value
Number of Shares Owned: _____	Cash:	\$ _____
U.S. Citizen: <input type="checkbox"/> No <input type="checkbox"/> Yes	Real Estate:	\$ _____
Legal Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes	Equipment:	\$ _____

ONLY CORPORATIONS, PARTNERSHIPS AND LIMITED LIABILITY CORPORATIONS SHOULD COMPLETE THE FOLLOWING. IF THE FIRM IS NOT A CORPORATION, PARTNERSHIP OR A LIMITED LIABILITY CORPORATION GO TO "DOCUMENT REQUEST" ON PAGE 7 (ITEM 26).

19. If the business is a corporation or LLC, please list the following information:

- a. Total shares authorized: _____
- b. Total shares issued to date: _____
- c. Are there any restrictions that limit the voting rights of ethnic minority group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents?
- ☐ No ☐ Yes *(If yes, please explain)*

20. List the current Board of Directors. *(If additional space is required, submit an attached sheet)*

Name	Title	Ethnicity	Sex	Appointment Date (YYMMDD)
a. _____			<input type="checkbox"/> M <input type="checkbox"/> F	_____
b. _____			<input type="checkbox"/> M <input type="checkbox"/> F	_____
c. _____			<input type="checkbox"/> M <input type="checkbox"/> F	_____
d. _____			<input type="checkbox"/> M <input type="checkbox"/> F	_____
e. _____			<input type="checkbox"/> M <input type="checkbox"/> F	_____

21. Does the business have any agreements, written or oral, or regular working arrangements with any other firm?

- ☐ No ☐ Yes *(If yes, describe the agreement or working arrangement)*

22. Is any owner or board member of the business, an owner or former owner of another firm engaged in the same or similar type of enterprise?

☐ No ☐ Yes (If yes, identify below)

23. Is any owner or board member of the business, employed by any other firm?

☐ No ☐ Yes (If yes, identify the firm, the person, and the business relationship)

24. Does any board member of the business, own or work for other firms which have a relationship with the business? (Relationships include ownership interest, shared office space, financial investments, equipment lease or personnel sharing)

☐ No ☐ Yes (If yes, identify the firm, the person, and the business relationship)

25. Indicate management personnel who control the business in the following areas:

Name	Title	Ethnicity	Sex
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a. Financial:

		<input type="checkbox"/> M	<input type="checkbox"/> F
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b. Production operations:

		<input type="checkbox"/> M	<input type="checkbox"/> F
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c. Office management and administration:

		<input type="checkbox"/> M	<input type="checkbox"/> F
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d. Marketing/sales:

		<input type="checkbox"/> M	<input type="checkbox"/> F
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Document Request Checklist

26. To be sure you have provided all requested information, place marks 'X' on the items you have submitted. Unless otherwise indicated, copies of documents are sufficient.

Any deficiency may delay the Certification process.
Certification generally takes 4 to 6 weeks.

An on-site visit is mandatory. *(The on-site visit will be scheduled once the completed application and appropriate supporting documentation have been received)*

A. ALL BUSINESSES

1. ☐ Proof of ethnicity and citizenship for each owner, such as Birth Certificates, Green Cards, Passports, Tribal Memberships, etc. . . .
2. ☐ Current bank signature cards for business account(s) including Depository and Borrowing Resolutions.
3. ☐ Business Tax Returns for the past three years.
4. ☐ List of major capital assets, such as property, office/facilities, equipment, vehicles, etc. . . .
5. ☐ Current business financial statements.
6. ☐ Leases and other Third-Party Agreement(s), such as working arrangements with other firms, supplier/distributorship agreements, etc. . . .
7. ☐ Three samples of evidence of revenue for firm, such as completed-signed contracts, receipts, invoices, etc. . . .
8. ☐ Evidence of MBE Certification with for agencies identified in Item 15.
9. ☐ Relevant licenses and permits. Resumes/biographies outlining business experience.

B. Partnerships Only

1. ☐ Partnership Agreement, including any amendments, buy-out rights as well as any profit sharing arrangements.

C. Corporations and Limited Liability Corporations Only

1. ☐ Articles of Incorporation with all Amendments.
2. ☐ Minutes of the first corporate organizational meeting.
3. ☐ By-laws.
4. ☐ Annual reports for the past three years.
5. ☐ Copies of Stock Certificates (both front and back) and Stock Transfer Record.
6. ☐ Stock options and other outstanding ownership options.

Minority Business Enterprise Certification Affidavit

Hereafter, "the Business" refers to

Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority status of the Business and do herein certify under penalties imposed by Wisconsin Statutes that the information provided is correct and said information herein may be used for the purposes of certifying the Business as a Minority Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the Minority Business Development office any such materials that may be required to substantiate the degree of minority ownership and control of the Business. I agree to arrange for on-site inspections of the Business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the Business to the Minority Business Development office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the Business.

I understand that the certification expiration is December 31 of the year following the initial date of certification and each December 31 thereafter until such time as the Business is decertified. I further understand that the Business must annually apply for recertification prior to expiration.

Type or Print Name of Owner, Officer or Partner

Signature of Owner Officer or Partner

Date (YYMMDD)

Title

Subscribed and sworn to before me this _____ day of _____ a. d.
Month, Year

Signed _____
NOTARY PUBLIC IN AND FOR THE

County of _____

State _____

My Commission Expires _____
Date (YYMMDD)

